

May 2019

Dear Parents

I am pleased to offer you the opportunity to enrol your child for Acting Academy for September. Please make your application by Friday, 21st June. Students who have previously applied but have been unsuccessful please indicate on the form on the reverse. We will give preference to students who have applied but not received a place before.

If there are more applicants than places, I will draw out all applications myself at random. After this time, places will be made available on a first-come, firstserved basis.

Please note the availability of sessions.

GROUP	SCHOOL YEAR GROUP IN SEPTEMBER, 2019	DAYS	TIMES
Act I	Years 3 - 4	Wednesday (Miss Ford)	4.30 – 5.30
Act II	Years 5 - 6	Tuesday (Mr Cody) <i>or</i> Wednesday (Miss	5.30 – 6.30 5.30 – 6.30
		Ford)	

Acting academy operates during the Autumn and Spring terms, finishing with a Showcase just before the Easter holidays.

Please complete the enclosed form as soon as possible and return it to the school as indicated on the form.

We are looking forward to working with your child in September and providing everyone with further opportunities to enjoy the magic of acting!

Yours sincerely

Mrs Hellen Smith Head of Drama



Name of Child:						
Year Group In Septer	mber 2019:	Ne	w or Returning			
School attending in S	September 2019:					
Address and postcode:	:					
Emergency contact pho	one number(s) During	Acting Academy Hou	rs:			
E-MAIL ADDRESS:						
MEDICAL CONDITIONS OF WHICH THE TUTOR NEEDS TO BE AWARE:						
NOTE: For those who y	will be in Years 5 – 6 n	ext year, there is a ch	oice of evening subject to availability			
NOTE: For those who will be in <u>Years 5 – 6</u> next year, there is a choice of evening, subject to availability. Please see the table in the letter.						
If this applies to you, please circle in this box your preference.						
TUESI	DAY	WEDNESDAY	NO PREFERENCE			
PLEASE ENCLOSE PAYMENT FOR NEXT TERM AS FOLLOWS:						
ACTS I – II (Years	3 - 6) £47					

Please make cheques payable to Thornden School and write your child's name, address and the words 'Acting Academy' on the back.

Return to school, in person to Reception or by post in a sealed envelope to the address below. I am applying for the first time / I have applied previously but no place was available (delete as appropriate)

SIGNED: (Parent/Guardian)

NAME: _____ DATE:

ACTING ACADEMY ENROLMENT Performing Arts Dept Thornden School Winchester Road Chandler's Ford Eastleigh SO53 2DW